THE MEDICAL NEWS AND LIBRARY.

VOL. XXXII. MARCH, 1874. No. 375.

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CLINICS.

CLINICAL LECTURES.

Pyæmia in Private Practice.—PRESCOTT HEWETT, Senior Surgeon to St. George's Hospital, relates some most interesting gleanings from private practice, "the clinical results of which," he observes, "may be made valuable, and all the more so when contrasted with those of hospital practice: and the subject to which I shall direct your attention is that of Pyæmia, a subject than which none is more important, and the consideration of which, in some of its bearings, has of late years been largely occupying the attention of our profession. The few observations which I have now to offer you on this subject will be confined to cases occurring in private practice.

"A young lady, aged 15, stoutish, but of good general health, came under my care for a congenital cystic tumour at the root of the neck. When an infant, an attempt had been made to remove this tumour, but a bit of it was left, as it was closely adherent to the large vessels. For several years after this operation nothing was noticed in relation to this tumour, but for two or three years previously to seeing my patient it had, without any apparent cause, taken to growing; and when I was consulted it occupied the whole of the lower part of the left side of the neck, and projected beyond the clavicle. At a consultation, with the late Mr. Keate, who had performed the operation, it was determined that single-thread setons should now be used, and two of these were introduced into the tumour. In a few days intense inflammation set in, and suppuration followed; a quantity of matter was let out, the

Published monthly by HENRY C. LEA, Nos. 706 & 708 Sansom Street, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.*

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swelling subsided, and for some days everything appeared to be going on satisfactorily; then came rigors and sweating, but without any increase in the local trouble. After awhile it became evident that the patient was suffering from pyæmia, the mischief being in the left lung, and for several days the condition was most perilous; but one afternoon, after a violent fit of coughing, a large quantity of offensive matter was suddenly brought up, after which the more dangerous symptoms gradually subsided, and the patient ultimately recovered, and remained perfectly well, without any further trouble as to the tumour. In this case the patient's room—large, lofty, and well ventilated—was in a well-found house in one of the best streets in town.

"A hale old gentleman, close upon 80, who had long enjoyed most excellent health, had a small warty growth in the skin, just over the insertion of the tendo Achillis. This growth I removed, as it constantly became chafed, and troubled him much in walking. I made him lay himself up for a few days, and then, as the trifling wound was all but healed, he was allowed to go about a little, but, being of very active habits, he one day took a longer walk than usual. This was followed by some slight inflammation of the wound, which, however, soon subsided, and he was on the eve of returning to his usual avocations when rigors and sweating made their appearance; then came an immense deep-seated abscess in the thigh, under the constant draining of which he ultimately sank.

"I was called in consultation to a gentleman who was suffering from pyæmia, and who a short time before had had a small wart removed from the scrotum. He died. Details of this case are given further on, as I had to attend this gentleman between three and four years previously for a former attack of pyæmia.

"Shortly after I had begun practice, I removed a small sebaceous tumour from the scalp of a lady. Everything went on well for the first few days; then came erysipelas of the scalp, which was subsequently followed by pyæmia and death. As far as one could judge, the conditions under which this trival operation was performed were all favourable ones. The patient, middle-aged, and not stout, had some months previously undergone, without a bad symptom, a similar operation for the removal of three other sabaceous tumours. The bedroom, in a house in one of our most open and healthiest squares, was large and well ventilated; the weather was temperate, and the patient had remained in the house after the operation.

"I operated upon a middle-aged lady, of good geperal health, for scirrhus of the breast, and for the first eight days everything looked promising; then came a rigor, followed by erysipelas around the wound, which for a few days went on slowly spreading; subsequently pyæmia made its appearance, and under this she gradually sank. The house in which the operation was performed was in one of the best streets in Pimlico. The bedroom was of good size, and well ventilated.

"About a month afterwards I operated upon another lady for scirrhus of the breast. Middle-aged and slim, she was of a sallow complexion, but in good general health. In this case, too, everything promised well for the first few days; then came a severe rigor and sickness; erysipelas soon made its appearance around the wound, whence it gradually spread. Matters went on thus for a few days; then there was pyæmia, and in a few days more the patient was dead. In this case, the operation was performed a few miles out of town. The bedroom, very large and well ventilated, was in a large well-built house, with all modern appliances, and situated on a heath, on elevated ground, overlooking a wide expanse of country. As far as one could judge, no better or healthier situation could have been selected for an operation.

"A lady, aged about 45, had a large sero-cystic tumour of the breast, some of the cysts of which occasionally suppurated, and were, under such circumstances, sometimes opened and sometimes allowed to burst. Matters went on thus,

as she would not hear of an operation, for between eight and nine years, the general health being as good as ever between the attacks. At this period a small cyst suppurated, and was allowed to burst, shortly after which erysipelas made its appearance round the edges of the little sore: then in a few days came rigors and sweating, with pain and great swelling of one of the knee-joints, and in a few days more this lady sank. At the time of the bursting of the cyst the patient was in her usual good health; her bedroom, fair sized and well ventilated, was in a house in a part of town generally considered to be one of the healthiest.

"A young gentleman met with an accident to his shoulder, which led to inflammation of the joint, and for this he ultimately consulted me. After awhile the inflammation subsided, leaving the joint somewhat stiff. Then, persuaded by some friends, he went to a bone-setter, who pronounced that the bone was out, and proceeded to put it back, as he said. The manipulations gave him great pain, and were followed by a recurrence of inflammation in the joint, for which he once more fell under my care. Suppuration of the joint ensued, and abscesses burst in various directions. Thus matters went on for a time, then came rigors, profuse sweatings, and a sodden appearance of the skin, with an anxious countenance, a running pulse, and great loss of flesh—the joint itself and the parts around it being meanwhile without any increase of mischief. Although tall and slim, this gentleman, up to the time of going to the bone-setter, had been in good health, and his family was healthy. He remained in this perilous condition for some time, looking as if secondary abscesses might occur at any moment. All this time he lived out of town, in a good country house, well cared for, and with plenty of fresh air. With the winter coming on, I sent him to the south of France, where, after a residence of some months, the more threatening symptoms gradually subsided, and when he returned to this country there was a decided improvement in his general health; but he was still far from well, and he remained more or less ailing for between two and three years, at the end of which period he was in fair health, with a permanently stiff joint, the abscesses about the shoulder having gradually dried up.

"A middle-aged lady, in fair health, was supposed to be suffering from a sharp attack of sciatica on the right side, and for this she was ultimately sent to Wiesbaden; but after a time, finding that there was no improvement as to the pain, she returned home, and for some months went on creeping about, under the supposition all the while that she was suffering from sciatica. It was at this period that I was consulted on account of a swelling which had been gradually making its appearance in the corresponding groin. The swelling proved to be an abscess which extended into the iliac fossa; and, on further investigation, the sacro-iliac joint was found to be the source of all the trouble. The abscess was allowed to burst, after which everything went on satisfactorily for some three weeks, when pyæmia made its appearance, and was followed by death in a week. This lady lived in a house on a hill, a few miles out of town. The house was in every respect well found, and her bedroom was airy and well ventilated.

"I was telegraphed for a few miles out of town to a gentleman about thirty years of age, who was thought to be suffering from acute inflammation of both ankle-joints, and inflammation of the left lung. The case, on closer examination, proved to be one of pyæmia, in connection with suppuration about the tonsils. In a few days, the inflammation around the ankle-joints ended in the formation of matter, which was let out; after which this patient gradually recovered, and in a few weeks was restored to his usual good health. This case has already been alluded to as that of the gentleman who died of pyæmia after a trifling operation for the removal of a small wart from the scrotum. Between the two attacks of pyæmia in this case, there was an interval of between three and four years. The first attack occurred in the country, and the second in town.

"Recently, too, I have seen another gentleman, who, in connection with suppuration about the tonsils, had symptoms of poisoned blood—rigors, profuse sweat, sodden skin—under which he sank.

"A young gentleman, aged 18, had a severe attack of typhoid fever, from which, however, he was making a good recovery, when, about a fortnight after all symptoms had disappeared, he again became feverish, and soon afterwards, without having met with any accident, he complained of pain along the shin-bone; swellings, which were very painful, formed along the surface of the bone; suppuration followed; the abscesses were opened, and went on discharging for some time, after which they gradually dried up without further mischief.

"A lady's maid, aged about 30, had a severe attack of typhoid fever in the country. She recovered, and, being considered convalescent, came up to town, shortly after which smart feverish symptoms made their appearance, and were soon followed by swelling, affecting principally the knee, and extending some distance down the front and inner side of the leg. For awhile the symptoms were very severe, and ended in extensive suppuration about the upper part of the tibia; the matter was let out, and the patient gradually recovered; but the free use of the limb was not regained for a couple of years, and during this period several bits of bone came away.

"A delicate middle-aged lady had typhoid fever, which in due course passed away, leaving her weak and ailing, with now and then a recurrence of slight feverishness. After a time, this feverishness became more marked, and then she began to complain of very severe, deep-seated pains in various parts; first, at the upper and inner side of the tibia; then, at subsequent periods, over the lower part of the shoulder-blade, along the middle part of the spine, over the ribs, as well as over the crest of the haunch-bone. The pain in each of these parts was followed by swellings, and ultimately by abscesses, some of which were large and deep-seated. The abscesses were allowed to burst, and then, after the subsidence of the swelling, a probe was, in each instance, easily passed down to the periosteum, and in some parts the bone was found bare. The drain was great; hectic set in; and, after intense suffering, with occasional but limited mischief about the lungs, this lady sank.

"A delicate-looking girl, aged 18, ran a needle into the fleshy part of the leg, where it broke off, but could be felt projecting slightly beyond the skin. It was pulled out, and she went about her work as usual; but in a few days the tiny wound festered, and in a few days more she was admitted into St. George's Hospital with symptoms of pyæmia, rigors, profuse sweatings, and swellings in various parts. Subsequently came evident signs of mischief about the lungs, and she sank within a month after the trifling injury. The needle, according to the patient's account, was quite clean; and she stated that she had never been laid up before, and had always had good health.

"A young gentleman, aged 18, and apparently in good health, whilst bathing, ran a small splinter of wood into the fleshy part of the great toe. The splinter was immediately plucked out, and he went about as usual for several days, as if nothing had happened. Then the spot became painful, and a tiny abscess formed; it was attended to, but in a few days it was followed by urgent symptoms—severe rigors and most profuse sweatings; abscesses formed in the leg—one, a very large one, was deep-seated and in the calf; as they appeared they were dealt with, but for weeks the sweatings were so profuse that it was necessary to change the bed-linen several times in the twenty-four hours. Ultimately, however, the patient recovered, and he left his bed, a mere skeleton, between four and five months after the onset of the attack. His bedroom was fair-sized, well ventilated, with a large window looking over a wide expanse of country, the house, a recently built one, being on the outskirts of a town.

"A gentleman, middle-aged, was tripped

up in the street, and fell violently upon his elbow, the lower bones of which were thereby dislocated backwards, and partially thrust through the skin. The dislocation was easily reduced, and for a few days everything went on satisfactorily. Then came suppuration of the joint, followed in about a fortnight by severe rigors and profuse sweating, with swellings in various parts, and he died a month after the injury. His bedroom was a fair-sized one, well ventilated, and in a house in a good street on the north side of, and not far from, Hyde Park.

"A little boy, aged 6, met with a slight accident to his foot, which was followed by acute periostitis of the bones of the tarsus; this ended in suppuration; some of the joints were destroyed; and, at different periods, several abscesses formed in various parts—over the great trochanter, over the crest of the ilium, and in the sacro-lumbar region, as well as over the bones of the skull in divers places. The suffering was intense, with low muttering delirium and rapid wasting, and to such an extent that the child was soon reduced to a mere skeleton. Thus matters went on for some weeks, after which the abscesses gradually dried up; ankylosis of the bones of the tarsus took place, and when last seen, about a couple of years after the attack, he was a strong, active lad. All this occurred some miles out of town, in a good house in a healthy part of the country.

"I was summoned a long way into the country to a young lady labouring under symptoms of a typhoid character, the origin of which was obscure. It appeared, however, that she had recently had measles, which had been followed by a slight discharge from the left ear. The recovery from the measles had been good, and she was going about, when rigors and sweating occurred, and were followed by fever, a dry, brown tongue, and great prostration; and such were the more obvious symptoms when I first saw this young lady. On further inquiry, it was now found that the discharge from the ear had stopped; the intellect was quite clear; there was no pain in the head, no swelling in the neighbourhood of the ear, but there was pain upon pressure immediately below the mastoid process, and this tenderness existed also some way down the side of the neck, in the course of the internal jugular vein. From this it was inferred that inflammation had spread from the ear to the lateral sinus and internal jugular vein, and that, in all probability, secondary abscesses would follow. In a few days, a large abscess showed itself in the left sterno-clavicular articulation; then came pain and swelling about the left knee and ankle, and inflammation at the back and lower part of the left lung; and ultimately there was a large deep-seated abscess at the back of the left hip. The abscesses were opened in due course, but the mischief about the knee and ankle-joint, and in the lung, subsided; the patient gradually recovered, and in a few months was quite well again. The conditions under which this young lady was placed were unexceptionable—a large, airy, well ventilated room looking on to an open country.

"A young lady had, after her confinement, severe symptoms of low peritonitis, and was in great peril for some days; she recovered, however, and appeared to be going on well for a time, when the left shoulder became very painful, and for this I was asked to see her. Examination proved that the joint itself was not affected, but the parts around were much swollen and very painful, and especially so in front of the joint. Ultimately, a large abscess formed in this situation; it was opened, and the patient got well and went into the country, where, some weeks afterwards, deep-seated matter formed in the pelvic region; this burst into the vagina, and after a time she recovered completely, and has remained in good health ever since.

"An officer in one of our light cavalry regiments, aged 18, came under my care for gonorrhœa. The symptoms were severe, and so he remained at home, and was treated with opiates and demulcents. About a fortnight after he had been under treatment, symptoms of what appeared to be gonorrhœal rheumatism

made their appearance. First, the left shoulder-joint was affected, but after awhile the symptoms subsided; then, without any apparent cause, came rigors, profuse sweatings, and a dusky appearance of the skin, with great disturbance of the general health. These symptoms were soon followed by intense pain in the left sterno-clavicular articulation, which became much swollen, and in a few days presented evident signs of fluctuation. A large quantity of matter was let out. Inflammation and suppuration in and about the right hip-joint, accompanied by most intense pain, followed. In due course the matter was let out; and subsequently numerous small abscesses formed in the skin over various parts of the body. The patient was reduced to a mere skeleton, and, notwithstanding all possible care, the whole sacrum became exposed. The more intense symptoms about the hip having subsided, the patient was now turned over to the left side; but in a few days the skin over the great trochanter gave way, and the bone became exposed. He was then propped up so as to rest mainly on the ischiatic tuberosities; and, as the skin here after awhile gave way, he was once more turned on to his back, the sacrum being by this time for the greater part covered over by healthy granulation; and whilst in this position the skin over the various spinous processes of the vertebræ which happened to touch the bed gave way. What with one thing and another, I never saw a patient suffer more intense agony, which was such, indeed, as to necessitate the full administration of chloroform fifty-five times consecutively for the dressing of the various sores; but, notwithstanding all this, he ultimately recovered with an anchylosed hip. The onset in this case was in the early part of the year; and the patient's room, large, lofty, and well ventilated, was in a house in one of our great squares. When this gentleman first came under my care, he was one of the healthiest-looking young men I ever saw, strongly built and most active; and he subsequently was one of the most dashing light cavalry officers in our central Indian campaign.

"Some time after the occurrence of this case, the late Dr. Bence Jones happened to mention to me that he had been summoned into the country to a young gentleman, who was suffering from well-marked pyæmia, without, as far as could be ascertained, any previously existing suppurating surface. I then told Dr. Bence Jones of the above case of pyæmia after gonorrhœa, and begged him to ascertain, if possible, if his patient was suffering from gonorrhœa. The patient died before Dr. Bence Jones saw him again, but at the *post-mortem* examination, the existence of gonorrhœa was clearly proved. A third case of a similar nature, and in a young gentleman, was also mentioned to me by Dr. Guéneau de Mussy.

"Such, gentlemen, are the cases of pyæmia, occurring in private practice, to which I wished to direct your attention. They are twenty-three in number, and twenty-one of them fell under my own notice; the remaining two, the last being well authenticated, have been alluded to simply on account of their extreme rarity.

"And now, if we proceed to analyze the circumstances under which pyæmia occurred in these twenty-three cases, it will be found that an operation was performed in six instances only. In four of these, the first four, the operation was of the most trifling nature—a single-thread seton, a small wart on the heel, a small wart on the scrotum, a small sebaceous tumour of the scalp; and it was only in the remaining two that the operation was of a somewhat severe character—amputation of the breast. Moreover, the first four were all in different years, and not in the same locality; the last two were in the same year, and within a month of each other; but one was in town, and the other in the country. And here let me note, that the third case is also mentioned among those of recovery, this patient having had two attacks of pyæmia at several years' interval, and in different localities.

"Of the remaining seventeen cases, in which no operation had been performed, there was a broken surface in eleven,

and in six there was not even an abrasion. Of the eleven cases in which there was a broken surface, it was but small in ten; ulceration of a small sero-cystic tumour of the breast in one, of abscesses in two, of tonsils in two, of bowel in typhoid fever in three, a needle broken in the leg, a small splinter of wood in the great toe. The eleventh case was the only severe one—compound dislocation of the elbow. The six cases in which there was no abrasion were—a slight injury to the foot followed by suppuration, inflammation of the lateral sinus and internal jugular vein in connection with discharge from the ear after measles, abscess after parturition, and gonorrhœa in three. Of these seventeen cases, none occurred at the same period, or in the same locality.

"As to locality, of the twenty-three cases, sixteen occurred in town and seven in the country. Of the sixteen in town, all, with one exception, that of the young girl who, after running a needle into her leg, was admitted with pyæmia into the hospital, were in the best part of the town, scattered about in good houses, and in good-sized, well-ventilated bedrooms, and well cared for; in fact, to all appearances, under most favourable conditions. The country cases, seven, were in different parts, and widely separated from each other; and their conditions, too, were in all respects apparently excellent.

"As to age, the youngest patient was six, and the oldest close upon eighty. Of the remaining twenty-one, eleven were between fifteen and twenty-five, and ten between thirty and fifty.

"As to local treatment, it was out of the question in several of these cases, and in several cases, too, all possible care and supervision on the part of the surgeon would have been of no avail. Of the twenty-three cases, eleven were under such circumstances.

"In conclusion, pyæmia, it has been said, is caused, for the most part, by hospital-air, by foul air consequent upon the aggregation of surgical cases in the wards of our large hospitals; but pyæmia occurs also in cases even when placed under the most favourable conditions—perfect isolation, large airy rooms in the country, with plenty of fresh air, and in every way well cared for. Pyæmia appears, too, at times to be connected with atmospheric conditions; several cases occurring without any apparent cause, at, or about, the same period in different places. The two cases of amputation of the breast, which were within a month of each other, followed exactly the same course: one, however, being in town, and one a few miles out of town. And at the same time that these cases were under my care, other cases of pyæmia, which occurred in private practice at the same period, subsequently came to my knowledge.

"Moreover, cases occur in which patients are apparently prone to pyæmia; as in the case of a gentleman who recovered from an attack of pyæmia, and a few years afterwards died of another attack.

"The truth is, the causes of pyæmia are still to be worked out."—*British Medical Journal*, Jan. 31, 1874.

HOSPITAL NOTES AND GLEANINGS.

Necrosis of Os Calcis; Removal of Sequestrum by Bloodless Method; Remarks by Sir W. FERGUSSON.—The bloodless method is especially valuable in operations like the subjoined, where the manipulations have to be carried on in tissues in close proximity to such important structures as the ankle-joint. The absence of hemorrhage allows of a complete inspection of the diseased part, so that the surgeon can readily ascertain what he is cutting.

F. G——, a clerk, aged twenty-seven, was admitted November 6, 1873, with disease about the right ankle-joint. In January last, from no assignable cause, a slight red swelling appeared on the outer and back part of the right heel, which caused much pain and made the patient lame. The swelling increased in size, and burst in May, and discharged a quantity of offensive matter. Since this he has been laid up, and there has been a constant discharge. The pain has been

less, and only occasional. He has always enjoyed good health, and there is no history of syphilis.

On admission, there was a sinus on the outer side of the right heel, an inch and a quarter behind and below the external malleolus. The opening was surrounded by fungoid granulations, and a probe passed in through it led directly to rough bone at the posterior part of the os calcis, which was evidently diseased. The ankle-joint was quite healthy; no impairment of motion.

Nov. 8th.—Chloroform was administered, and the elastic bandage and India-rubber piping were applied according to Esmarch's method for temporarily arresting the circulation. Sir William then enlarged the sinus with a probe-pointed bistoury, and, after using the cutting pliers, elevator, and sequestrum forceps, removed an irregular piece of necrosed bone about an inch in diameter, representing the whole of the posterior part of the os calcis, which was lying comparatively loose in a cavity partly formed of new bone. After removing the India-rubber tubing there was only slight hemorrhage, which soon ceased; and the wound was filled with oiled lint and covered with water dressing.

Sir William remarked that necrosis of such a bone as the os calcis was not so common as caries, although it was not unusual to find a small piece of necrosed bone lying in a carious cavity. It was rather remarkable that, although the whole of the posterior part of the bone had necrosed, there seemed no interference with the attachment of the tendo Achillis. Probably the deposit of new osseous matter thrown out had been sufficient for its support.

Nov. 14.—No constitutional disturbance; wound looking healthy. The cavity is rapidly filling up.

Dec. 6th.—Wound nearly healed.

20th.—Will leave hospital in a day or two.

In making some remarks on bloodless operations, Sir William began by saying that the method of temporarily suspending the circulation, which had just been adopted, was that specially devised by Professor Esmarch, but that the principle was not new; that a somewhat similar process had been carried out in India years ago in cases of removal of large scrotal tumours; and also that it was the frequent practice of surgeons in this country, when about to amputate a limb, to hold it up above the rest of the body for some time before the operation to allow a great portion of the blood to gravitate out of it. He then observed that this was quite a revolution of the practice of the older surgeons, who would have been horrified at such a proceeding as this, since they were in the habit of taking ten, twenty, or thirty ounces of blood from a patient before his undergoing any capital operation. But at the same time Sir William thought that some arguments might be reasonably brought against the uniform adoption of this method; that though there were many cases in which patients could not afford to lose a drop of blood, yet there were others—for instance, in those of amputation in the thigh—where the sudden addition of so large a quantity of blood as that contained in the limb to the rest of the circulation might be more injurious than the loss of some part of it with the limb when removed. He further observed that this bloodless method had been tried by his colleagues with no bad results at present, but that there had not been sufficient time to note whether there was any difference in the progress of wounds after its use. In operations for necrosis especially, this method greatly facilitated the manipulations of the surgeon. Previously the hemorrhage, from the vascular structures cut through, so obscured the part that the sense of touch was the only guide to the operator; but now the surgeon could see the sequestrum, ascertain its extent, and easily distinguish it from its new bony casing.—*Lancet*, Jan. 3, 1874.

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Turpentine in Pyæmia; Recovery.—A workman was admitted into St. Leonard's Hospital, Sudbury, under the care of Dr. J. S. Holden, who had sustained a severe laceration with fracture of two metacarpal bones, from the passage of a truck-wheel over his hand. A few days after the

necessary operation, in which an effort was made to save some of the fingers, gangrene set in, and a secondary operation was performed about the wrist. This was shortly followed by rigors, profuse sweats, sleeplessness, low delirium, subsultus, and stupor, the wound becoming sloughy and offensive. In spite of free stimulation the man was evidently rapidly sinking under the fatal disease—pyæmia. As a *dernier ressort*, half-drachm doses of turpentine were administered in egg emulsion every four hours. After the third dose it was discontinued, as a remarkable improvement had taken place: the pulse and the temperature had fallen, the consciousness returned, and the patient took liberally of brandy and beef-tea. The favourable change was, however, of brief duration, as the day following all the asthenic symptoms reappeared, and the patient relapsed into a comatose condition. The turpentine was again had recourse to in the same doses, and with the same happy effect; but this time the improvement was permanent. All other danger passed by, and the patient made an excellent recovery.

During the height of the attack the sound arm became much swollen and suspicious-looking of purulent mischief. This subsided from the commencement of the turpentine treatment. No abscess formed. Under carbolic-oil dressings the wound granulated rapidly, and the man was soon able to be out.

That the antiseptic and stimulating effect of the turpentine was the means of rescuing this patient from a fatal disease seemed so apparent that it is worthy of more extensive trial in hospitals, where pyæmia so often adds to the mortality after operation.—*Lancet*, January 31, 1874.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

The Siamese Twins.—These xiphopage monsters, Chang and Eng Bunker, were born in Siam, in 1811, and lived for many years on their plantation in North Carolina, where they died January 17. Chang suffered from lung disease, but the immediate cause of his death is supposed to have been cerebral blood-clot, and Eng is thought to have died, about two hours later, from fright.

At a meeting of the College of Physicians of Philadelphia, held on the 18th of February, Drs. Wm. H. Pancoast and Harrison Allen, the committee of the College entrusted with the post-mortem examination of the twins, presented a preliminary report of their dissection, which was in brief to the following effect:—

The twins were found to be united at the ensiform cartilage by a band about four inches long, and eight inches in circumference. Upon exploring this band through the abdominal cavity, it was found that in Eng the peritoneal cavity extended by a pouch into the band, and terminated there, a short distance beyond the median line; and in Chang two peritoneal prolongations or pouches were found, also extending into the band beyond the median line, and overlapping, one above and the other below the single peritoneal pouch of Eng.

In regard to the vascular connection it was found that on throwing coloured plaster injection into the portal circulation of Chang it flowed through the vessels of the upper part of the band into the portal vessels of Eng. The hypogastric arteries were found to run upward in each body into the band, and were lost in their way toward the common umbilicus in the anterior inferior surface of the middle of the band. Subsequently it was found that the two livers, which were supposed to be joined only by bloodvessels, were really one body, the parenchymatous tissue being continuous between them, so that when they were removed from the bodies and placed on the table they formed one mass. The so-called tract of portal continuity is, therefore, liver-tissue. Chang was supposed to be possessed of one more pouch than Eng. When the liver was removed, however, an upper hepatic pouch was found also proceeding from Eng, so that the band contained four pouches of peritoneum, besides liver-tissue. The examination is still progressing, and a further report will be made at a later date.

In the No. of the *Medical Examiner* (Chicago), for Feb. 15th, last, there is reported the dissection, by Prof. Andrews, of a twin monster, attached similarly to the Siamese twins, but the attachment was more extensive, commencing at the common umbilicus and extending upwards to near the point of the sternum. "On opening the parts, the livers were found to be firmly attached to each other, so that it might be correctly said, that there was one common double liver extending across from one body to the other. Below the connecting mass of hepatic tissue, the two abdominal cavities were separated by a thin peritoneal septum, which, however, had an oval opening of considerable size through it, so that the two cavities communicated freely with each other. The stomach and intestines had no connection; and the hearts and lungs were, in like manner, entirely separate."

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A Stomach Tube swallowed and on the following day rejected.—Dr. J. B. S. Jackson exhibited to the Boston Society for Medical Improvement (*Bost. Med. and Surg. Journ.*, Jan. 1, 1874) the tube, and made the following report of the case.

The patient was a married woman, 45 years of age, suffering from acute mania, and had been fed with a stomach tube three times daily for about a week. The tube that was used was of the ordinary kind, but had been cut down to fifteen inches in length, and there was tied to it a piece of common rubber tube, about five inches in length, and that connected it with the syringe. At 1 P.M. on the day on which the accident occurred, food was given as usual, and the struggles of the patient were so violent that her physician required the help of three assistants to manage her. The operation being over, and the syringe detached, he proceeded to remove the tube, when he found, to his dismay, that it had slipped off from its attachment. Every attempt was made, with the fingers and with the forceps, to seize it, but without effect. Four hours afterwards, Dr. Hodges saw her, and, after the passage of the long œsophageal forceps, and of a probang entirely into the stomach, without feeling the tube, he felt that it must have passed down into the stomach, though from the result this could hardly have happened. Nothing, of course, was to be done, and the case was left to nature, but without any idea of its expulsion, unless it should first traverse the whole course of the intestine. The following night was passed more comfortably than usual, though when the patient was awake, there was occasional retching, and, the next morning, between 8 and 9 o'clock, this was quite urgent. At 9 A.M. a stomach tube of full length was again passed, food was given, and, on withdrawing the tube, the lost one came up and almost side by side with it, the upper or cut extremity of the tube coming up in advance. The retching was, of course, at once relieved, and on the second day the patient began to take her food in the natural way. The tube, when first expelled, was lead coloured, but, on drying, it resumed its usual appearance, and it may now be seen in the museum of the Medical College, as a donation from the attending physician.

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Chloroform in Dentistry.—At a late meeting of the Society, the following resolution was almost unanimously adopted:—

"*Resolved*, That, in the opinion of the Massachusetts Dental Society, the use of chloroform in dental operations is inadvisable."—*Boston Med. and Surg. Journ.*, Dec. 18, 1873.

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Library of the College of Physicians of Philadelphia.—The total number of books in the Library of the College is 16,943, exclusive of 1274 duplicates. The increase during the year was 758. The Lewis Library contains 4179 of these volumes, an increase of 162.

Among the donations to the Library worthy of special mention were a number of books from the collection of the late Prof. Samuel Jackson, some valuable quarto and folio works on anatomy belonging to the late Prof. Casper Wistar and presented by the widow of his son Dr. Mifflin Wistar, and a number of works

on diseases of children from Dr. Charles S. Wurts.

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The Journal Association of the College of Physicians of Philadelphia.—This Association during the last year numbered 78 members, and has for its object to obtain for the present and future use of the Fellows contemporaneous periodical literature. During the past year there were regularly received 9 English, 8 Canadian, 6 native, 10 French, and 8 German journals. The Association commends itself to the favourable consideration of the Fellows of the College and merits their support.

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Vermont Medical Journal.—This is the title of a new bi-monthly medical journal, edited by Dr. J. M. Currier, of which we have received the first number. The editor states that his aim is to make it a repository of original contributions mostly from men of his own State, and of only such medical news as shall pertain to the profession of Vermont. It is not intended to republish articles from other periodicals, nor to make extracts from them.

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The Chicago Journal of Nervous and Mental Disease.—This is the title of another new medical journal, edited by Drs. J. S. Jewett and H. M. Bannister, to be issued quarterly, of which the first number is now before us. Its leading purpose is to collect from all accessible sources the latest and most useful information in regard to the nervous system and mind, both in health and disease.

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Obituary Record.—Died, February 8, 1874, aged 78, Henry Miller, M.D., President of the Louisville Medical College, and formerly Professor of Midwifery in that Institution.

—— in Philadelphia, of phthisis pulmonalis, January 6, 1874, aged 50, S. W. Butler, M.D., Editor of the Medical and Surgical Reporter.

FOREIGN INTELLIGENCE.

Treatment of Typhoid Fever.—M. Béhier in his opening lecture described his method of treatment of typhoid fever. His treatment consists of hydrotherapy and alcohol, which, with certain exceptions, he employs indiscriminately in all cases of typhoid fever. He avers that he is an enemy to uniformity of treatment in any affection; but, as he has found nothing better than the above in typhoid fever, he feels himself justified in continuing the practice, much to the dismay of the patients unaccustomed to this system of treatment, and of French physicians in general, who look upon it as cruel and irrational. He then went on to explain the *rationale* of the above treatment, which, he said, was refrigerant in the true sense of the word; and, although he would not push the cold baths to the extent of the German doctor (Brand) of Stettin, who administered, on an average, six or eight baths a day to his typhoid patients, yet he thought that one a day, or one in two days, as practised by some physicians, was simply absurd. M. Béhier prescribes three baths a day, at a temperature of 68 degs. Fahr., in which the patient remains fifteen or twenty minutes at a time. Dr. Brand, with the exception of intestinal perforation, admits of no contra-indication in any condition of age or sex for the employment of the cold bath in this affection; but M. Béhier is a little more prudent, and to intestinal perforation he would add old age, pregnancy, menstruation, as conditions in which it would be unsafe to employ the cold bath. In every other case, however, without distinction of age or sex, M. Béhier has recourse to this heroic remedy in typhoid fever, even in pulmonary complications; and, although he does not go so far as the German physician—as to look upon it as a specific in this affection—yet it has proved almost infallible in his hands. As for the alcoholic part of the treatment, he stated that he would not stop to inquire whether the alcohol acted as food or as medicine, as this much-vexed question is far from being settled; but, from his own clinical experience, he has found it an invaluable remedy in typhoid fever and in all inflammatory affections, whether acute or chronic. In typhoid fever, he prescribes

eighty grammes (about two and a half ounces) a day of brandy, with an equal quantity of water, which is administered in divided doses in the twenty-four hours. This, in the Paris hospitals, is called Todd's mixture, and was first introduced by M. Béhier into French practice.

Professor Sée, however, is not so enthusiastic as to the curative powers of cold baths and alcohol in typhoid fever; he employs both with great reserve, contenting himself with an occasional cold bath, or sponging the body of the patient with vinegar and water, and, instead of brandy, he prescribes wine and water, administering, at the same time, small and repeated doses of quinia.—*British Medical Journal*, December 27, 1878.

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On Cases of Temporary Albuminuria, the result of Cold Bathing.—At a recent meeting of the Clinical Society of London, Dr. George Johnson read a paper on this subject. (*Med. Times and Gaz.*, Dec. 13, 1878.) The first case was that of a medical student, aged 22, who, about noon on June 19, after bathing for a quarter of an hour in the Marylebone Bath, had a sense of fatigue and headache. Four hours after the bath the urine was tested and found albuminous. In the evening there was still a trace of albumen. The next day the urine was normal, and continued so until June 28, when he again bathed. The bath was again followed by headache, and in the course of the day the urine was found albuminous. From that date until July 17, every specimen of urine passed was tested, and albumen was present at some period of the day on all but five days. Since July 17 the urine has remained normal. The subject of these observations is in good health, and has never been seriously ill. The second case was that of a medical student, aged 25, who, one day in July, bathed in the Lambeth Bath for an hour. He felt no inconvenience. The urine passed an hour after the bath contained a sixth of albumen. The urine was not tested again for three or four days, when it was found normal. The experiment has not been repeated. The third case was that of a medical student, aged 23, who, on three occasions, found his urine normal before bathing in the sea in August and September, and on each occasion, after remaining in the water from a quarter to half an hour, found a moderate quantity of albumen in the urine. In a few hours this had disappeared. He felt no inconvenience from the bathing. Four other students, after bathing from half an hour to an hour, and on one occasion for an hour and a half, found no albumen in the urine. The fourth case was that of a boy, aged 16, looking pale and feeling languid, who was found to have albumen in the urine to the extent of one-eighth on June 28. It was of pale colour, and contained no casts. On September 23, when next seen, only a trace of albumen remained. On October 23 the urine was quite normal. Until within a few days of the time when the albuminuria was first discovered, he had been bathing almost daily in the sea from half to three-quarters of an hour at a time. He had felt fatigued and chilled, and on one occasion had vomited after coming out of the water. The only previous illness had been diphtheria ten years before. The transient albuminuria is believed to have been caused by the repeated and prolonged immersion in cold water; and it is suggested that, as acute Bright's disease is not unfrequently excited by exposure to cold and wet, there is danger lest the frequent recurrence of temporary albuminuria, the result of prolonged cold bathing, and the consequent repression of the cutaneous secretion, may lead to permanent mischief and to structural degeneration of the kidney.

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Poisoning by Wine of Colchicum.—Dr. G. W. Major states (*Canada Med. and Surg. Journal*, December, 1878) that a flask of wine of the seeds of colchicum (U. S. P.) was stolen from an express van, and portions of it drunk by seventeen persons, of whom seven died and ten recovered. The quantities taken by each person varied; in the fatal cases from 8 to 10 ounces, and in those who recovered from one mouthful to, in one case, eleven ounces. The ages of the patients varied from 3 years to 45 years.

"In from 45 minutes to one hour and

a half after taking the wine, vomiting ensued. The contents of the stomach were first rejected, then bile or mucus; afterwards a fluid similar to "rice water" of cholera.

"When the amount of poison taken was very great, the purging came on simultaneously with the vomiting—but if only a small quantity, comparatively speaking, had been swallowed, the evacuation of the bowels was delayed for several hours. The passages were first the natural feces, then bilious stools, next "rice water,"—a very large amount of a frothy, slimy secretion, compared by one of the patients to clean soapsuds. In no case were there any traces of blood to be found. The vomiting continued until the last moment in the fatal cases, and the bowels were emptied involuntarily. Cramps were severe in the stomach, bowels, and legs. Severe pains were felt in the knee joints in some, and in two cases very markedly in the left shoulder, so much so, indeed, as to be a continual cause of complaint, and avoidance of lying on the left side. Rubbing was frequently demanded for relief. In the majority there was numbness from the elbow to the wrist; cramps of the fingers, especially the second finger, and in one case extreme numbness of the thumbs under the nails. This latter peculiarity was present even for twenty-six days after. In the case of the boy Thyer, there was great pain between the shoulders. The features (twenty hours after the accident) were pinched and drawn, lips and nose blue, as also the lobes of the ears. The eyes were congested, pupils dilated slightly; voice hoarse and husky, and pain was experienced in speaking.

"Feet and lower extremities icy cold, as also were the hands and arms. The rest of the body had a warmish clammy feel, but was below the normal temperature. The pulse was rapid, 125 to 145 or more in the minute, small, compressible, intermitting, and at times imperceptible at the wrist, though it could be found at the elbow with some trouble. The temporal arteries were difficult of detection; even the carotids required patience to distinguish. For several hours before death, they were almost pulseless, the heart's impulse was not to be felt over the chest, and even with difficulty heard on applying the ear to the chest wall. The sound might be likened to a blowing sound, or a murmur, or to a heart heard at a very great distance, or through a stone wall, both sounds lapsing into one.

"Respiration was full and easy, and was well maintained throughout. The pulse respiration ratio was borne out throughout.

"The sufferers were sensible to the last and throughout. One case terminated with a slight convulsive effort. All sat up before dying, falling back in less than an instant. No headache was complained of. Muscular strength was retained. They were all able to sit up, lift a cup to their lips, or even walk.

"They were perfectly sleepless. In two recoveries there appeared a pustular eruption on the face and lower extremities, resembling in its character poisoned wounds.

"In the case of the boy Thyer, while sawing wood, an hour after drinking the wine, he was seized with violent retching and vomiting succeeded by a 'fit,' which from the description resembled a convulsive attack. Thumbs were turned in, with the fingers closed over them."

The symptoms in every case were proportionate to the amount of wine taken.

All the fatal cases terminated in from 19 to 28 hours.

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Deaths from Chloroform.—Two cases of this have recently taken place in New Zealand. One occurred in the Provincial Hospital in a man suffering from epithelial cancer of the lip; the second in Dunedin Hospital during an operation for removal of cancer of the breast.—*Brit. Med. Journ.*, Jan. 31, 1874.

In the *Lancet* for January 17, 1874, is reported the following case, which occurred at the Bristol Royal Infirmary:—

Albert T——, mason, aged 30, was admitted with stricture. It was decided to place him under the influence of chloroform, to try to introduce an instrument. Heart sounds were perfectly healthy. Two drachms of chloroform were administered in a sponge tent with a large hole

at the top. Violent muscular spasms were shortly produced; he began to hold his breath; his face became livid. Artificial respiration by Silvester's method was tried, and continued for three-quarters of an hour, as a faint flickering pulse was felt at the wrist when the movement of the arm became less violent. The heart never recovered its action.

Post-mortem examination showed the right side of the heart gorged with fluid blood, but otherwise quite healthy. The lungs were deeply congested.

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Millie-Christine.—These two girls, joined together at the sacrum, who were exhibited a few years since in this country, are now on exhibition in Paris; and MM. TARDIEU and ROBIN communicated to the Académie de Médecine, Jan. 13th, the results of their examination of this monstrosity. Much opposition was made to the examination by the exhibitors ("the Barnums") and only succeeded through a written order of the Prefect of Police.

They were permitted, however, to strip the girls only as far as the hips, but they ascertained some interesting particulars.

The two girls, 22 years of age, are united at the sacrum. The upper portions of the bodies are separate; they have two hearts, which do not beat in unison, and the radial pulse in the two is not isochronous, while there is complete synchronism in the pulsation of the arteries of the lower extremities in both subjects. The sensibility of the upper limbs is distinct and separate in each subject, while any impression on the lower limbs is felt at the same time by both subjects. MM. T. and R. endeavoured to persuade the girls to permit an examination of their pelvic region, and one seemed inclined to assent, but the other most indignantly refused, showing each had her own independent will.

The woman who attends these children stated that they menstruated regularly at one and the same time; and they experienced a desire for defecation and micturition at the same time.

M. Broca added some interesting particulars. He thinks that there exists a certain degree of fusion of the extremities of the two spinal marrows. He observed the degree of sensibility of the lower limbs not to be the same in both subjects. It is obtuse in one of the twins when an impression is made on the lower limbs of the other. There is also an inequality in the length of the lower limbs of the twins. M. R. does not believe all the statements of the woman who attends the twins. It is certain that they have a single anus and probably a single rectum, but M. B. does not believe they have a common vagina. Observations made upon similar malformations show that there generally exist two vaginæ, two hymens, and two urethras. The uterus is also generally double.—*L' Union Médicale*, 15 Jan. 1874.

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Disease-Destroying Tree.—M. GIMBERT, who has been long engaged in collecting evidence concerning the Australian tree *Eucalyptus globulus*, the growth of which is surprisingly rapid, attaining besides gigantic dimensions, has addressed an interesting communication to the Academy of Sciences. This plant, it now appears, possesses an extraordinary power of destroying miasmatic influence in fever-stricken districts. It has the singular property of absorbing ten times its weight of water from the soil, and of emitting antiseptic camphorous effluvia. When sown in marshy ground it will dry it up in a very short time. The English were the first to try it at the Cape, and within two or three years they completely changed the climatic condition of the unhealthy parts of the colony. A few years later its plantation was undertaken on a large scale in various parts of Algeria. At Pardock, twenty miles from Algiers, a farm situated on the banks of the Hamyze was noted for its extremely pestilential air. In the spring of 1867 about 13,000 of the eucalyptus were planted there. In July of the same year—the time when the fever season used to set in—not a single case occurred; yet the trees were not more than nine feet high. Since then complete immunity from fever has been maintained. In the neighbourhood of Constantine the farm of Ben Machydlin was equally in bad repute. It was cov-

ered with marshes both in winter and summer. In five years the whole ground was dried up by 14,000 of these trees, and farmers and children enjoy excellent health. At the factory of the Gue de Constantine, in three years a plantation of eucalyptus has transformed twelve acres of marshy soil into a magnificent park, whence fever has completely disappeared. In the island of Cuba this and all other paludal diseases are fast disappearing from all the unhealthy districts where this tree has been introduced. A station-house at one of the ends of a railway-viaduct in the Department of the Var was so pestilential that the officials could not be kept there longer than a year. Forty of these trees were planted, and it is now as healthy as any other place on the line. We have no information as to whether this beneficent tree will grow in other than hot climates. We hope that experiments will be made to determine this point. It would be a good thing to introduce it on the West Coast of Africa.—*Med. Times and Gaz.*, Nov. 1, 1873.

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New Journals on Gynæcology.—Two of these are announced as about to appear in Paris—one, entitled *Recueil de Gynécologie*, to be edited by M. Gallard and Prof. Pajot; the other, *Les Annales de Gynécologie*, edited by M. Lauwereyns.

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Galvano-Caustic.—MM. LEGROS and ONIMUS assert their experiments show that the eschar caused by the use of galvano-caustic in the peritoneal and pleural cavities is innocuous, and that this mode of cauterization is preferable to other processes for the removal or cauterization of organs contained in these cavities.—*La Tribune Med.*, Feb. 1, 1874.

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Electro-Therapeutics. — Unfortunately, electro-therapeutics form no exception to the rule that treatment rests on a foundation far less scientific than does the diagnosis of disease. The progress of our knowledge of healthy and morbid states of the nervous and muscular systems has not been followed by a coextensive increase in our knowledge of their appropriate electrical treatment. Something has been done to bring practice up to theory, but it must be confessed that much of the early promise of electro-therapeutics still awaits fulfilment. Within the range of medicine proper its sphere has been little extended. Those of its applications which were of doubtful value fifteen years ago are for the most part of doubtful value still, and its generally recognized utility hardly extends beyond the morbid states of nerve and muscle.—*Lancet*, Jan. 10, 1874.

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Homœopathy.—The opinion of the Faculty of the University of Naples was recently asked as to the propriety of having homœopathy taught in that University. The following admirable reply was given:

"The University of Naples is not a proper field for instruction in homœopathy, because the rational medicine which is taught here based on the natural sciences excludes allopathy as homœopathy, or any other absolute system or *dogma*. The study of rational medicine is as far removed from the ancient allopathy with its blood-letting and purgation, as from the recent delusion of homœopathy with its ridiculous infinitesimal doses and *similia similibus* medication."

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OBITUARY RECORD.—Died, at Venice, aged 63, Dr. NAMIAS, one of the most distinguished of Italian physicians.

——At London, of cerebral hemorrhage, on the 22d of January, aged 31 years, JOHN JONES PHILLIPS, M.D., Assistant Obstetric Physician to Guy's Hospital, and contributor of several valuable memoirs to the Transactions of the Obstetrical Society of London, and to Guy's Hospital Reports.

—— Dr. MAX SCHULTZ, Professor of Anatomy in the University of Bonn, is reported to have died suddenly from heart disease.

—— In Paris, December 25th, 1873, aged 40, M. CHARLES LEGROS, one of the most patient and conscientious of the young French physiologists. He was a pupil of M. Robin, and latterly the co-worker of that eminent histologist.

NEW MEDICAL BOOKS—NOW READY.

BARNES ON WOMEN.

A CLINICAL HISTORY OF THE MEDICAL AND SURGICAL DISEASES OF WOMEN. By ROBERT BARNES, M.D., Obstetric Physician and Lecturer on Obstetrics and the Diseases of Women to St. Thomas's Hospital, etc. With one hundred and sixty-nine illustrations. In one very handsome octavo volume of about 800 pages: cloth, $5 00; leather, $6 00.

From Prof. HARVEY L. BYRD, *Baltimore Coll. Phys. and Surg.*

I have no hesitation in pronouncing it the best work on the subjects of which it treats with which I am acquainted. Dr. Barnes's style and arrangement of material are excellent. I congratulate the English reading portion of the profession on the production of a work, in my judgment unequalled, so far as it goes, by any other in our language.

There has seldom appeared in the English language a more complete, thorough, and exhaustive treatise on any medical subject.—*London Lancet*, Jan. 10, 1874.

From Prof. R. A. F. PENROSE, *Univ. of Pa.*

It will give me great pleasure to recommend it to my class.

From Prof. J. P. WHITE, *Univ. of Buffalo.*

I regard Barnes as one of the ablest men in his department. I am not sure but since the death of Simpson, he is the leading gynæcologist of the day. I shall, therefore, take great pleasure in commending the work to my class.

GRIFFITH'S UNIVERSAL FORMULARY.

A UNIVERSAL FORMULARY: Containing the methods of Preparing and Administering Officinal and other Medicines. The whole adapted to Physicians and Pharmaceutists. By ROBERT E. GRIFFITH, M.D., &c. Third Edition, thoroughly Revised, with Numerous Additions. By JOHN M. MAISCH, Professor of Materia Medica in the Phila. College of Pharmacy. In one large and handsome octavo volume of about 800 pages: cloth, $4 50; leather, $5 50.

This work has long been known for the vast amount of information which it presents in a condensed form, arranged for easy reference. The new edition has received the most careful revision at the competent hands of Professor Maisch, who has brought the whole up to the standard of the most recent authorities. More than eighty new headings of remedies have been introduced, the entire work has been thoroughly remodelled, and whatever has seemed to be obsolete has been omitted. As a comparative view of the United States, the British, the German, and the French Pharmacopœias, together with an immense amount of unofficinal formulas, it affords to the practitioner and pharmaceutist an aid in their daily avocations not to be found elsewhere.

From Prof. A. H. KOLLMEYER, *Univ. of Bishop's Coll., Montreal.*

I shall take great pleasure in recommending it to my classes, both at the University of Bishop's College, and in the Quebec College of Pharmacy. I consider it the most concise and complete work of the kind that I have ever seen, and think that every physician and pharmaceutist should possess one.

From Prof. J. S. WELLFORD, *Med. Coll. of Virginia.*

I have carefully examined it, and find that its old merits have been retained, and the additions by the present editor have certainly rendered it *au courant* with the present condition of our literature. Such practical works as this are very much needed by the busy practitioner.

DUNGLISON'S MEDICAL DICTIONARY.

MEDICAL LEXICON; A DICTIONARY OF MEDICAL SCIENCE: Containing a Concise Explanation of the various Subjects and Terms of Anatomy, Physiology, Pathology, Hygiene, Therapeutics, Pharmacology, Pharmacy, Surgery, Medical Chemistry, Obstetrics, Medical Jurisprudence, and Dentistry; Notices of Climate and of Mineral Waters; Formulæ for Officinal, Empirical, and Dietetic Preparations; with the Accentuation and Etymology of the Terms, and the French and other Synonymes. By ROBLEY DUNGLISON, M.D., Late Professor of the Institutes of Medicine, &c., in Jefferson Medical College, Philadelphia. A New Edition. Enlarged and thoroughly Revised, by RICHARD J. DUNGLISON, M.D. In one very large and handsome royal octavo volume of about 1150 pages: cloth, $6 50; leather, with raised bands, $7 50.

We are glad to see a new edition of this invaluable work, and to find that it has been so thoroughly revised, and so greatly improved. The dictionary, in its present form, is a medical library in itself, and one of which every physician should be possessed.—*N. Y. Medical Journal*, Feb. 1874.

With a history of forty years of unexampled success and universal indorsement by the medical profession of the western continent, it would be presumption in any living medical American to essay its review. No reviewer, however able, can add to its fame; no captious critic, however caustic, can remove a single stone from its firm and enduring foundation. It is destined, as a colossal monument, to perpetuate the solid and richly deserved fame of Robley Dunglison to coming generations. The large additions made to the vocabulary, we think, will be welcomed by the profession as supplying the want of a lexicon fully up with the march of science, which has been increasingly felt for some years past. The accentuation of terms is very complete, and, as far as we have been able to examine it, very excellent. We hope it may be the means of securing greater uniformity of pronunciation among medical men.—*Atlanta Med. and Surg. Journ.*, Feb. 1874.

HENRY C. LEA—Philadelphia.